



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
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3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036  
PHONE 208-334-6626  
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FILE COPY

November 15, 2006

Thomas McKim  
McKim Surgery Center  
900 North Liberty Street Suite 300  
Boise, Id 83704

Dear Mr. McKim:

This is to advise you of the findings of the Medicare fire safety survey conducted at McKim Surgery Center on November 9, 2006.

Enclosed is the Statement of Deficiencies/Plan of Correction, form CMS-2567, and a copy of the State fire safety Statement of Deficiencies/Plan of Correction form listing fire/life safety deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

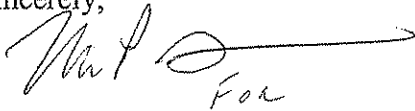
1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.

After you have answered and dated each deficiency, please sign and date each cover page in the spaces provided. Retain one (1) copy of each page and return the originals to this office by **November 28, 2006**.

McKim Surgery Center  
November 15, 2006  
Page 2 of 2

Thank you for the courtesies extended to me during my visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Taylor Barkley', with a long horizontal flourish extending to the right.

TAYLOR BARKLEY  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPrinted: 11/29/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13C0001042	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE ASC FLOOR B. WING _____	(X3) DATE SURVEY COMPLETED  11/09/2006
NAME OF PROVIDER OR SUPPLIER <b>MCKIM SURGERY CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 N. LIBERTY, SUITE 300 BOISE, ID 83704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>The Surgery Center is located on the third floor of a medical office building and is attached to a physician office practice. The Center is approximately 1,300 square foot in size and is one (1) hour separated from the third floor exit access corridor and physician's office practice. It is protected throughout by an automatic sprinkler system and fire alarm.</p> <p>A Fire / Life Safety survey was conducted at Mckim Surgery Center on 11/09/06. The 2000 Existing Edition of the Life Safety Code was utilized for this survey, in accordance with 42 CFR 416.44(b)</p> <p>The deficiencies identified during this survey are listed below.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Fire / Life Safety</p>	K 000		
K 050	<p><b>416.44(b)(1) LIFE SAFETY CODE STANDARD</b></p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. 20.7.1.2, 21.7.1.2</p> <p>This Standard is not met as evidenced by:</p>	K 050	<p>Fire drills were updated - copies of records enclosed</p>	11-28-06

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DEC - 5 2006

FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 050	Continued From page 1 Based upon staff interview, and record review, the facility did not ensure that fire drills are held at least quarterly on each shift. Based upon a single shift during hours of operation, at least one (1) fire drill is required every three (3) months.  Findings included:  Record review and staff interview revealed that fire drills were not recorded during the last twelve months.	K 050	<i>Due to recent staff changes, updates have not been completed - Our office manager will keep a monthly log of compliance issues &amp; maintain it.</i>		
K 072	416.44(b)(1) LIFE SAFETY CODE STANDARD  Draperies, curtains and other loosely hanging fabrics and films serving as furnishing, except curtains at showers, are in accordance with NFPA 701. 20.7.5.1, 21.7.5.1  This Standard is not met as evidenced by: Based upon staff interview, and record review, the facility did not ensure that curtains were rendered flame resistant.  Findings included:  Surveyor observation and staff interview revealed that the curtains within the Ambulatory Surgical Center were not tagged as being flame resistant, nor could the facility produce documentation for the curtains as having been treated with flame retardant.	K 072	<i>Flame resistant fabric treatment was purchased &amp; applied to curtains &amp; hanging fabric. copy of receipt &amp; treatment enclosed</i>	<b>11-27-06</b>	

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